CLAIMS

1. Method for identifying a subject at risk of developing hypertensive end organ damage, comprising:

(a) obtaining a biological sample of said subject;

(b) determining the level of at least one non-myocytical marker in said sample;

(c) comparing the level of said marker to a standard level; and

(d) determining whether the level of the marker is indicative of a risk for developing hypertensive end organ damage.

2. Method as claimed in claim 1, wherein the biological sample is a plasma sample derived from peripheral blood.

3. Method as claimed in claim 1 or 2, wherein the non-myocytical marker is a protein.

4. Method as claimed in claim 3, wherein the non-myocytical marker is galectin-3.

5. Method as claimed in claim 3, wherein the non-myocytical marker is thrombospondin-2.

6. Method as claimed in any of the claims 1-5, wherein the level of the marker is measured by an enzyme-linked immunosorbent assay (ELISA).

7. Use of one or more non-myocytal markers for identifying a subject at risk of developing congestive heart failure.

8. Use as claimed in claim 7, wherein the marker is a protein.

9. Use as claimed in claim 8, wherein the protein is galectin-3.

10. Use as claimed in claim 8, wherein the protein is

thrombospondin-2.

11. Use of galectin-3 and/or modulators thereof for the manufacture of a medicament for the prevention and/or treatment of hypertensive end organ damage.

12. Use of thrombospondin-2 and/or modulators thereof for the manufacture of a medicament for the prevention and/or treatment of hypertensive end organ damage.